

Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename

Run by CWMS_PROXY

Report Date 27-DEC-16 09:05

Status : FN

Media ID : Central Data
Repository - CDR-MS

Start Date : 01-JUL-10

End Date :

Follow-up :

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

Central Data Repository/CDR

Version : 1

K = Key Field

System

Mississippi

Item NoTreatment Episode Data Set		Item	Value	State System Data
1	System Transaction Type	-	RCD_TRANS	
A	Add	1	Add Admissions Records	
A	Add	2	Add Transfer Records	
C	Change	3	Change Record (correction)	
C	Change	4	Change Record (update)	
D	Delete	9	Delete	
K 2	State Code	-	FIPS State Code	
-	State Postal Abbreviation	-	MS	
3	Reporting Date	-	RCD_TRANS YYYYMMDD	

Central Data Repository/CDR
Version : 1

K = Key Field Minimum Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	State Provider Identifier	-	ORG_CODE	
			1-15 Characters	

K 2	Client Identifier (Admission)	-	STATE_ID	
	Client Id is assigned by each provider, once the client is submitted to the CDR we perform an algorithm to determine if the client has been submitted to the CDR before. If they have we apply the existing state id, if not we assign a new state id. Both IDs can be to 9 numbers. The state id number are generated by the CDR sequentially.			

K 3	Co-Dependent/Collateral	-	ADM_TYPE	
	2 No	1	Primary	
	1 Yes	2	Collateral	
	2 No	3	Unregistered	

K 4	Client Transaction Type	-	RCD_TRANS	
	A Admission (SA)	1	Add Admissions Records	
	T Transfer/Change in Service (SA)	2	Add Transfer Records	

K 5	Date of Admission	-	ENTSA_DATE	
			YYYYMMDD	
	m/d/y mmdyyy	-	YYYYMMDD	

K 5	Date of Admission	-	ADM_TYPE	
			YYYYMMDD	
	No longer effective as of: 06-21-2016			

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Minimum

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Prior Treatment Episodes	-	NUM_PRIOR - SA History	
0	0 Previous Episodes	0	None	
1	1 Previous Episodes	1	1 previous episode	
2	2 Previous Episodes	2	2 previous episodes	
3	3 Previous Episodes	3	3 previous episodes	
4	4 Previous Episodes	4	4 previous episodes	
5	5 Or More Previous Episodes	5	5 or more previous episodes	
7	Unknown	8	Unknown	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	ADM_REFER	
03	Other Health Care Provider	01		DMH Psychiatric Hospital
03	Other Health Care Provider	02		Other MS CMHC
03	Other Health Care Provider	03		DMH MR Facility
03	Other Health Care Provider	04		Private Psychiatric Hospital
03	Other Health Care Provider	05		Other MH Care Provider
03	Other Health Care Provider	06		Other MR Care Provider
02	Alcohol/Drug Abuse Provider	07		Other A&D Care Provider
03	Other Health Care Provider	08		General Hospital/Other Healthcare Provider
01	Individual (includes self-referral))	09		Self
01	Individual (includes self-referral))	10		Family Friend
04	School (Educational)	11		School/Educational Agency
05	Employer/Employer Assistance ProgramEAP	12		Employer/EAP
07	Court/Criminal Justice/DUI/DWI	13		Police/Sheriff
07	Court/Criminal Justice/DUI/DWI	14		Court/Correctional Facility
07	Court/Criminal Justice/DUI/DWI	15		Probation/Parole
06	Other Community Referral	16		Self Help Program
06	Other Community Referral	17		Vocational Rehabilitation/Job Placement
06	Other Community Referral	18		Nursing Home (non-DMH)

Central Data Repository/CDR
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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	ADM_REFER	
06	Other Community Referral	19		Boarding Home
06	Other Community Referral	20		Group Home (non-DMH)
03	Other Health Care Provider	21		Other Social Services Agency
97	Unknown	97		Other
97	Unknown	98		Unknown
97	Unknown	99		None

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	ADM_REFER	
03	Other Health Care Provider	01		DMH Psychiatric Hospital
03	Other Health Care Provider	02		Other MS CMHC
03	Other Health Care Provider	03		DMH MR Facility
03	Other Health Care Provider	04		Private Psychiatric Hospital
03	Other Health Care Provider	05		Other MH Care Provider
03	Other Health Care Provider	06		Other MR Care Provider
02	Alcohol/Drug Abuse Provider	07		Other A&D Care Provider
03	Other Health Care Provider	08		General Hospital/Other Healthcare Provider
01	Individual (includes self-referral))	09		Self
01	Individual (includes self-referral))	10		Family Friend
04	School (Educational)	11		School/Educational Agency
05	Employer/Employer Assistance ProgramEAP	12		Employer/EAP
07	Court/Criminal Justice/DUI/DWI	13		Police/Sheriff
07	Court/Criminal Justice/DUI/DWI	14		Court/Correctional Facility
07	Court/Criminal Justice/DUI/DWI	15		Probation/Parole
06	Other Community Referral	16		Self Help Program
06	Other Community Referral	17		Vocational Rehabilitation/Job Placement
06	Other Community Referral	18		Nursing Home (non-DMH)

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	-	ADM_REFER	
06	Other Community Referral	19	Boarding Home	
06	Other Community Referral	20	Group Home (non-DMH)	
06	Other Community Referral	21	Other Social Services Agency	
97	Unknown	97	Other	
97	Unknown	98	Unknown	
97	Unknown	99	None	
No longer effective as of: 06-21-2016				

8	Date of Birth	-	BIRTH_DATE	
YYYYMMDD				

9	Gender	-	SEX	
2	Female	F	Female	
1	Male	M	Male	
7	Unknown	U	Unknown	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	-	RACE	
13	Asian	A	Asian	
04	Black or African American	B	Black/African American	
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	I	American Indian	
01	Alaska Native (Aleut, Eskimo, Indian)	K	Alaskan Native (Aleut, Eskimo, Indian)	
21	Two or More Races	M	Multiple Races	
20	Other Single Race	O	Other	
23	Native Hawaiians or Other Pacific Islanders	P	Native Hawaiian or other Pacific Islander	
97	Unknown	U	Unknown	
05	White	W	White/Caucasian	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	-	RACE	
13	Asian	A	Asian	
04	Black or African American	B	Black/African American	
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	I	American Indian	
01	Alaska Native (Aleut, Eskimo, Indian)	K	Alaskan Native (Aleut, Eskimo, Indian)	
21	Two or More Races	M	Multiple Races	
20	Other Single Race	N/A	Not an option in our system	
23	Native Hawaiians or Other Pacific Islanders	P	Native Hawaiian or other Pacific Islander	
97	Unknown	U	Unknown	
05	White	W	White/Caucasian	
No longer effective as of: 06-21-2016				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Hispanic or Latino Origin (Ethnicity)	-	HISPANIC	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Hispanic or Latino Origin	N	Not of Hispanic origin	
04	Other Specific Hispanic	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
97	Unknown	U	Unknown	
06	Hispanic or Latino - Specific Origin not Specified	U	Unknown	

11	Hispanic or Latino Origin (Ethnicity)	-	HISPANIC	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Hispanic or Latino Origin	N	Not of Hispanic origin	
04	Other Specific Hispanic	N/A	Not an option in our system	
06	Hispanic or Latino - Specific Origin not Specified	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
97	Unknown	U	Unknown	
No longer effective as of: 06-21-2016				

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Mississippi

Item NoTreatment Episode Data Set		Item	Value	State System Data
12	Education	-		Education
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-12		First Grade - Twelfth Grade
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13		GED
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	14		Technical/Trade School
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	15		Some College
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16		Associates
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17		Bachelors Degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	18		Masters Degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	19		PHD
00	Less Than One Grade Completed	51		Preschool/Kindergarten
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	52		Special Education
97	Unknown	98		Unknown
00	Less Than One Grade Completed	99		Never attended school
No longer effective as of: 06-21-2016				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Education	-	Education	
01	Grade 1	01-12	First Grade - Twelfth Grade	
02	Grade 2	01-12	First Grade - Twelfth Grade	
03	Grade 3	01-12	First Grade - Twelfth Grade	
04	Grade 4	01-12	First Grade - Twelfth Grade	
05	Grade 5	01-12	First Grade - Twelfth Grade	
12	12th Grade or GED	01-12	First Grade - Twelfth Grade	
07	Grade 7	01-12	First Grade - Twelfth Grade	
08	Grade 8	01-12	First Grade - Twelfth Grade	
09	Grade 9	01-12	First Grade - Twelfth Grade	
10	Grade 10	01-12	First Grade - Twelfth Grade	
11	Grade 11	01-12	First Grade - Twelfth Grade	
06	Grade 6	01-12	First Grade - Twelfth Grade	
12	12th Grade or GED	13	GED	
71	Vocational school - business, technical,secretarial, trade or correspondence	14	Technical/Trade School	
13	1st year of College/Iniversity (Freshman)	15	Some College	
14	2nd year of College/Iniversity (Sophomore)	16	Associates	
16	4th year of College/Iniversity (Senior) or Bachelor's Degree)	17	Bachelors Degree	
18	Master's Degree Completed	18	Masters Degree	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Education	-	Education	
70	Graduate or Professional school - medical, law - includes Master's and Doctorate	19	PHD	
73	Kindergarten	51	Preschool/Kindergarten	
74	Self-contained special education class	52	Special Education	
97	Unknown	98	Unknown	
00	Less Than One Grade Completed	99	Never attended school	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	-	EMPLOYMENT/DIS_EMP	
01	Full Time - works 35 or more hours a week- includes military	01	Employed full time - (35+ hrs week)	
02	Part Time - works less tahn 35 hours per week	02	Employed - part time	
01	Full Time - works 35 or more hours a week- includes military	03	Employed - active military duty	
02	Part Time - works less tahn 35 hours per week	04	Seasonal/migrant worker	
03	Unemployed - looking for work in past 30 days or on layoff from job	05	Unemployed - seeking work	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	06	Unemployed - not seeking work	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	07	Homemaker	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	08	Student under 17	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	09	Retired	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	10	DIsabled	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	11	Correctional inmate	
97	Unknown	97	Other	
98	Not Collected	98	Unknown	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
01	None	01		None
02	Alcohol	02		Alcohol
03	Cocaine, Crack	03		Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	04		Marijuana/Hashish
05	Heroin	05		Heroin
06	Non-Prescription Methadone	06		Non-perscription Methadone
07	Other Opiates and Synthetics	07		Other Opiates and Synthetics
08	PCP	08		PCP-phencyclidine
09	Hallucinogens	09		Other Hallucinogens
10	Methamphetamine	10		Methamphetamine
11	Other Amphetamines	11		Other Amphetamines
12	Other Stimulants	12		Other Stimulants
13	Benzodiazepines	13		Benzodiazepine
14	Other Non-Benzodiazapine Tranquilizers	14		Other non Benzodiazepine Tranquilizers
15	Barbiturates	15		Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics	16		Other Sedatives or hyponotics
17	Inhalants	17		Inhalants

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
18	Over-the-Counter	18		Over the counter
20	Other	20		Other Drugs
97	Unknown	98		Unknown
97	Unknown	99		Not Available

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
01	None	01	None	
02	Alcohol	02	Alcohol	
03	Cocaine, Crack	03	Cocaine/Crack	
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	04	Marijuana/Hashish	
05	Heroin	05	Heroin	
06	Non-Prescription Methadone	06	Non-perscription Methadone	
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics	
08	PCP	08	PCP-phencyclidine	
09	Hallucinogens	09	Other Hallucinogens	
10	Methamphetamine	10	Methamphetamine	
11	Other Amphetamines	11	Other Amphetamines	
12	Other Stimulants	12	Other Stimulants	
13	Benzodiazepines	13	Benzodiazepine	
14	Other Non-Benzodiazapine Tranquilizers	14	Other non Benzodiazepine Tranquilizers	
15	Barbiturates	15	Barbiturates	
16	Other Non-Barbituate Sedatives or Hypnotics	16	Other Sedatives or hyponotics	
17	Inhalants	17	Inhalants	

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Item No Treatment Episode Data Set		Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
18	Over-the-Counter	18	Over the counter	
20	Other	97	Other	
97	Unknown	98	Unknown	
97	Unknown	99	Not Available	
No longer effective as of: 06-21-2016				

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	-	RT_ADMIN_1,RT_ADMIN_2,RT_ADMIN_3	
01	Oral	1	Oral	
02	Smoking	2	Smoking	
03	Inhalation	3	Inhalation	
04	Injection (IV or intramuscular, intradermal or subcutaneous)	4	Injection	
20	Other	5	Suppositories	
20	Other	7	Other	
97	Unknown	8	UNknown	
96	Not Applicable	9	Not Available	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-	FREQ_USE_1,FREQ_USE_2,FREQ_USE_3/EXIT_FREQ_1,EXIT_FREQ_2,EXIT_FREQ_3	
01	No use in the past month	1		No use in past month
02	1-3 times in past month	2		1-3 times in past month
03	1-2 times per week	3		1-2 times/wk past month
04	3-6 times per week	4		3-6 times/wk past month
05	Daily	5		Daily past month
05	Daily	6		2-3 times daily past month
05	Daily	7		3+ times daily past month
97	Unknown	8		Unknown
96	Not Applicable	9		Not applicable
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-	FIRST_USE_1,FIRST_USE_2,FIRST_USE_3,	
00	Newborn with a substance dependency problem	00		Newborn with substance dependency problem
01-95	Age at First Use, in years	01-95		Age of first use
96	Not Applicable	96		Not Applicable
97	Unknown	98		Unknown

Central Data Repository/CDR
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MinimumMississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	Services File	
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	-		Not an option in our system
03	Rehabilitation/Residential - Hospital (other than detox)	-		Not an option in our system
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	110		Crisis Stablization Services
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	111		Chemical dependency unit
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	112		(MICA)
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	161		Community Hospital
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	206		Primary Residential Treatment
05	Rehabilitation/Residential - Long-term, (more than 30 days)	207		Teansitional REsidential treatment
07	Ambulatory - Non-Intensive Outpatient	309		Theraputic Day Treatment
07	Ambulatory - Non-Intensive Outpatient	313		Acute Parial Hospitalization
07	Ambulatory - Non-Intensive Outpatient	402		Family Therapy
07	Ambulatory - Non-Intensive Outpatient	404		Evaluation Only
07	Ambulatory - Non-Intensive Outpatient	406		Medication Evaluation & Monitoring
07	Ambulatory - Non-Intensive Outpatient	416		Intake/Biopsycho-social Assesment
07	Ambulatory - Non-Intensive Outpatient	417		Treatment Plan Review
07	Ambulatory - Non-Intensive Outpatient	418		Multi-family Group Therapy
07	Ambulatory - Non-Intensive Outpatient	419		Peer Support
06	Ambulatory - Intensive Outpatient	420		Intensive Outpatient (supercedes 405)

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	Services File	
07	Ambulatory - Non-Intensive Outpatient	424	Integrated Treatment for Co-Occuring Disorder	
07	Ambulatory - Non-Intensive Outpatient	426	Individual Therapy (supercedes 401)	
07	Ambulatory - Non-Intensive Outpatient	427	Group Therapy (supercedes 403)	
07	Ambulatory - Non-Intensive Outpatient	428	Nursing Assessment (supercedes 407)	
07	Ambulatory - Non-Intensive Outpatient	501	Case Management	
07	Ambulatory - Non-Intensive Outpatient	503	Aftercare- substance abuse	
07	Ambulatory - Non-Intensive Outpatient	509	Community Support Services	
07	Ambulatory - Non-Intensive Outpatient	510	Targeted Case Management	
07	Ambulatory - Non-Intensive Outpatient	602	Mobile Crisis Services	
07	Ambulatory - Non-Intensive Outpatient	603	Telephone Emergency/Crisis Response Service	
07	Ambulatory - Non-Intensive Outpatient	604	Walk-In Emergency/Crisis Response Service	
07	Ambulatory - Non-Intensive Outpatient	704	Alcohol & Drug Prevention	
07	Ambulatory - Non-Intensive Outpatient	706	DUI	
07	Ambulatory - Non-Intensive Outpatient	801	Staffing - No Treatment Plan Review	
07	Ambulatory - Non-Intensive Outpatient	802	No Shows/Cancellations	
07	Ambulatory - Non-Intensive Outpatient	809	Urine Drug Screens	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	Services File	
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	-	Not an option in our system	
03	Rehabilitation/Residential - Hospital (other than detox)	-	Not an option in our system	
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	110	Crisis Stablization Services	
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	111	Chemical dependency unit	
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	112	(MICA)	
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	206	Primary Residential Treatment	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	207	Teansitional REsidential treatment	
07	Ambulatory - Non-Intensive Outpatient	309	Theraputic Day Treatment	
07	Ambulatory - Non-Intensive Outpatient	402	Family Therapy	
07	Ambulatory - Non-Intensive Outpatient	404	Evaluation Only	
07	Ambulatory - Non-Intensive Outpatient	406	Medication Evaluation & Monitoring	
07	Ambulatory - Non-Intensive Outpatient	415	Crisis Intervention	
07	Ambulatory - Non-Intensive Outpatient	416	Intake/Biopsycho-social Assesment	
07	Ambulatory - Non-Intensive Outpatient	417	Treatment Plan Review	
07	Ambulatory - Non-Intensive Outpatient	418	Multi-family Group Therapy	
06	Ambulatory - Intensive Outpatient	420	Intensive Outpatient (supercedes 405)	
07	Ambulatory - Non-Intensive Outpatient	424	Integrated Treatment for Co-Occuring Disorder	
07	Ambulatory - Non-Intensive Outpatient	426	Individual Therapy (supercedes 401)	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	Services File	
07	Ambulatory - Non-Intensive Outpatient	427	Group Therapy (supercedes 403)	
07	Ambulatory - Non-Intensive Outpatient	428	Nursing Assessment (supercedes 407)	
07	Ambulatory - Non-Intensive Outpatient	501	Case Management	
07	Ambulatory - Non-Intensive Outpatient	502	Intensive Case Management	
07	Ambulatory - Non-Intensive Outpatient	503	Aftercare- substance abuse	
07	Ambulatory - Non-Intensive Outpatient	504	MIMS	
07	Ambulatory - Non-Intensive Outpatient	505	School Based Services	
07	Ambulatory - Non-Intensive Outpatient	506	Individual Therapy Support	
07	Ambulatory - Non-Intensive Outpatient	507	Case Management	
07	Ambulatory - Non-Intensive Outpatient	601	Emergency Services	
07	Ambulatory - Non-Intensive Outpatient	602	Mobile Crisis Services	
07	Ambulatory - Non-Intensive Outpatient	704	Alcohol & Drug Prevention	
07	Ambulatory - Non-Intensive Outpatient	804	Making a plan (MAP) Team Review meeting	
No longer effective as of: 06-21-2016				

19	Medication-Assisted Opioid Therapy	-	METHADONE	
2	No	N	No	
7	Unknown	U	Unknown	
1	Yes	Y	Yes	

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Supplemental

Mississippi

Item NoTreatment Episode Data Set	Item	Value	State System Data
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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
0201	Alcohol	0201	Alcohol	
0301	Crack	0301	Crack	
0302	Other Cocaine	0302	Other Cocaine	
0401	Marijuana/Hashish,THC and any other cannabis sativa preparation	0401	Marijuana/Hashish	
0501	Heroin	0501	Heroin	
0601	Non - Prescription Methadone	0601	Non-prescription Methadone	
0701	Codeine	0701	Codeine	
0702	Propoxyphene (Darvon)	0702	Propoxyphene (Darvon)	
0703	Oxycodone (Oxycotin)	0703	Oxycodone (Oxycontin)	
0704	Meperidine (Demerol)	0704	Meperidine (Demerol)	
0705	Hydromorphone (Dilaudid)	0705	Hydromorphone (Dilaudid)	
0706	Other Opiates or Synthetics	0706	Other Opiates or Synthetics	
0707	Pentazocine (Talwin)	0707	Pentazocine (Talwin)	
0708	Hydrocodone (Vicodin)	0708	Hydrocodone (Vicodin)	
0709	Tramadol (Ultram)	0709	Tramadol (Ultram)	
0801	PCP or PCP Combinations	0801	PCP or PCP Combination	
0901	LSD	0901	LSD	
0902	DMT, mescaline, peyote,STD and Other Hallucinogens	0902	Other Hallucinogens	

Central Data Repository/CDR
Version : 1

K = Key Field

Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
1001	Methamphetamine/Speed	1001	Methamphetamine/Speed	
1101	Amphetamine	1101	Amphetamine	
1102	Methylphenidate (Ritalin)	1102	Methylphenidate	
1103	Methyleneioxymethamphetamine (MDMA, Ecstasy	1103	MDMA, Ecstasy	
1109	Other Amphetamines	1109	Other Amphetamines	
1201	Other Stimulants	1201	Other Stimulants	
1202	Methylphenidate - (Ritalin)	1202	Methylphenidate (Ritalin)	
1301	Alprazolam (Xanax)	1301	Alprazolam (Xanax)	
1302	Chlordiazepoxide (Librium)	1302	Chlordiazepoxide (Librium)	
1303	Clorazepate (Tranzone)	1303	Clorazepate (Tranzone)	
1304	Diazepam (Valium)	1304	Diazepam (Valium)	
1305	Flurazepam (Dalmane)	1305	Flurazepam (Dalmane)	
1306	Lorazepam (Ativan)	1306	Lorazepam (Ativan)	
1307	Triazolam (Halcion)	1307	Triazolam (Halcion)	
1308	Halazepam,oxazepam(Serax),Prazepam,Temazepam(Restoril) and other	1308	Other Benzodiazepine	
1309	Flutirazepam (Rohypnol)	1309	Flunitrazepam (Rohypnol)	
1310	Clonazepam - (Klonopin, Rivotril)	1310	Clonazepam (Klonopin, Rivotril)	
1401	Meprobamate (Miltown)	1401	Meprobamate (Miltown)	
1403	Other non-benzodiazepineTranquilizer	1403	Other Tranquilizer	

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K = Key Field

Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
1501	Phenobarbital	1501	Phenobarbital	
1502	Secobarbital/Amobarbital (Tuinal)	1502	Secobarbital/Amobarbital (Tuinal)	
1503	Secobarbital (Seconal)	1503	Secobarbital (Seconal)	
1509	Other Barbiturate Sedatives	1509	Other Barbiturate Sedatives	
1601	Ethchlorvynol (Placidyl)	1601	Ethchlorvynol (Placidyl)	
1602	Glutethimide (Doriden)	1602	Glutethimide (Doriden)	
1603	Methaqualone	1603	Methaqualone	
1604	Other Non-Barbiturate Sedatives	1604	Other Non-Barbiturate Sedatives	
1605	Other Sedatives	1605	Other Sedatives	
1701	Aerosols	1701	Aerosols	
1702	Nitrites	1702	Nitrites	
1703	Gasoline,glue, and other inappropriately inhaled products	1703	Other Inhalants	
1704	Solvents (paint thinners and other solvents)	1704	Solvents	
1705	Anesthetics (Choloform,ether, nitrous oxzide and other anesthetics)	1705	Anesthetics	
1801	Diphenhydramine	1801	Diphenhydramine	
1809	Other Over-The-Counter	1809	Other Over-the-counter	
2001	Dephenylhydantoin/Phenytoin (Dilantin)	2001	Diphenylhydantoin/Phenytoin (Dilantin)	
2002	Synthetic Cannabinoid (Spice), Carisoprodol (Soma) and other drugs	2002	Other Drugs	
2003	GHB/GBL - (gamma-hydroxybutyrate, gamma-butyrolactone)	2003	GHB/GBL	

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Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
2004	Ketamine - (Special K)	2004	Ketamine (Special K)	
9997	Unknown	9998	Unknown	
9996	Not Applicable	9999	Not available	
No longer effective as of: 06-21-2016				

Crosswalk Report

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K = Key Field

Supplemental

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
0201	Alcohol	0201	Alcohol	
0301	Crack	0301	Crack	
0302	Other Cocaine	0302	Other Cocaine	
0401	Marijuana/Hashish,THC and any other cannabis sativa preparation	0401	Marijuana/Hashish	
0501	Heroin	0501	Heroin	
0601	Non - Prescription Methadone	0601	Non-prescription Methadone	
0701	Codeine	0701	Codeine	
0702	Propoxyphene (Darvon)	0702	Propoxyphene (Darvon)	
0703	Oxycodone (Oxycontin)	0703	Oxycodone (Oxycontin)	
0704	Meperidine (Demerol)	0704	Meperidine (Demerol)	
0705	Hydromorphone (Dilaudid)	0705	Hydromorphone (Dilaudid)	
0706	Other Opiates or Synthetics	0706	Other Opiates or Synthetics	
0707	Pentazocine (Talwin)	0707	Pentazocine (Talwin)	
0708	Hydrocodone (Vicodin)	0708	Hydrocodone (Vicodin)	
0709	Tramadol (Ultram)	0709	Tramadol (Ultram)	
0710	Buprenorphine (Subutex,Suboxone)	0710	Buprenorphine (Subutex, Suboxone)	
0801	PCP or PCP Combinations	0801	PCP or PCP Combination	
0901	LSD	0901	LSD	

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
0902	DMT, mescaline, peyote,STD and Other Hallucinogens	0902	Other Hallucinogens	
1001	Methamphetamine/Speed	1001	Methamphetamine/Speed	
1101	Amphetamine	1101	Amphetamine	
1102	Methylphenidate (Ritalin)	1102	Methylphenidate	
1103	Methyleneioxymethamphetamine (MDMA, Ecstasy	1103	MDMA, Ecstasy	
1109	Other Amphetamines	1109	Other Amphetamines	
1201	Other Stimulants	1201	Other Stimulants	
1202	Methylphenidate - (Ritalin)	1202	Methylphenidate (Ritalin)	
1301	Alprazolam (Xanax)	1301	Alprazolam (Xanax)	
1302	Chlordiazepoxide (Librium)	1302	Chlordiazepoxide (Librium)	
1303	Clorazepate (Tranzone)	1303	Clorazepate (Tranzone)	
1304	Diazepam (Valium)	1304	Diazepam (Valium)	
1305	Flurazepam (Dalmane)	1305	Flurazepam (Dalmane)	
1306	Lorazepam (Ativan)	1306	Lorazepam (Ativan)	
1307	Triazolam (Halcion)	1307	Triazolam (Halcion)	
1308	Halazepam,oxazepam(Serax),Prazepam,Temaze pam(Restoril) and other	1308	Other Benzodiazepine	
1309	Flutirazepam (Rohypnol)	1309	Flunitrazepam (Rohypnol)	
1310	Clonazepam - (Klonopin, Rivotril)	1310	Clonazepam (Klonopin, Rivotril)	
1401	Meprobamate (Miltown)	1401	Meprobamate (Miltown)	

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K = Key Field

Supplemental

Mississippi

Item No Treatment Episode Data Set			Item	Value	State System Data
1	Detail Drug Code, Primary		~	DETAIL_1,DETAIL_2,DETAIL_3,	
1403	Other non-benzodiazepineTranquilizer		1403	Other Tranquilizer	
1501	Phenobarbital		1501	Phenobarbital	
1502	Secobarbital/Amobarbital (Tuinal)		1502	Secobarbital/Amobarbital (Tuinal)	
1503	Secobarbital (Seconal)		1503	Secobarbital (Seconal)	
1509	Other Barbiturate Sedatives		1509	Other Barbiturate Sedatives	
1601	Ethchlorvynol (Placidyl)		1601	Ethchlorvynol (Placidyl)	
1602	Glutethimide (Doriden)		1602	Glutethimide (Doriden)	
1603	Methaqualone		1603	Methaqualone	
1604	Other Non-Barbiturate Sedatives		1604	Other Non-Barbiturate Sedatives	
1701	Aerosols		1701	Aerosols	
1702	Nitrites		1702	Nitrites	
1703	Gasoline,glue, and other inappropriately inhaled products		1703	Other Inhalants	
1704	Solvents (paint thinners and other solvents)		1704	Solvents	
1705	Anesthetics (Choloform,ether, nitrous oxzide and other anesthetics)		1705	Anesthetics	
1801	Diphenhydramine		1801	Diphenhydramine	
1809	Other Over-The-Counter		1809	Other Over-the-counter	
2001	Dephenylhydantoin/Phenytoin (Dilantin)		2001	Diphenylhydantoin/Phenytoin (Dilantin)	
2002	Synthetic Cannabinoid (Spice), Carisoprodol (Soma) and other drugs		2002	Other Drugs	
2003	GHB/GBL - (gamma-hydroxybutyrate, gamma-butyrolactone)		2003	GHB/GBL	

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Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
2004	Ketamine - (Special K)	2004	Ketamine (Special K)	
9997	Unknown	9998	Unknown	
9996	Not Applicable	9999	Not available	
2	Detail Drug Code, Secondary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
-	Same as Detail Drug Code, Primary			
3	Detail Drug Code, Tertiary	~	DETAIL_1,DETAIL_2,DETAIL_3,	
-	Same as Detail Drug Code, Primary			
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	~	DSM_1	
999.97	Unknown	V7109	No Diagnosis	
XXX.XX	DSM/ICD codes	xxx.xx	DSM Code	
No longer effective as of: 06-21-2016				
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	-	Not collected	
999.98	Not Collected	999.98	Not collected	

Central Data Repository/CDR
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Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	~	PSYCHIAT	
2	No	N	No	
7	Unknown	U	Unknown	
1	Yes	Y	Yes	

6	Pregnant at Admission	~	PREGNANT	
2	No - female client was not pregnant at admission	N	No	
7	Unknown	U	Unknown	
6	Not Applicable - use this code for male clients or children in prepuberty age	X	Not Applicable	
1	Yes - female client was pregnant at admission	Y	Yes	
No longer effective as of: 06-21-2016				

6	Pregnant at Admission	~	PREGNANT	
2	No - female client was not pregnant at admission	N	No	
7	Unknown	U	Unknown	
1	Yes - female client was pregnant at admission	Y	Yes	

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Supplemental

Mississippi

Item NoTreatment Episode Data Set		Item	Value	State System Data
7	Veteran Status	~	VET_STATUS	
2	No	N	No	
7	Unknown	U	Unknown	
1	Yes	Y	Yes	
8	Living Arrangements	~	RESID_ARR/DIS_RES	
03	Independent Living - clients living alone or with others but no supervision	01	Private Residence	
03	Independent Living - clients living alone or with others but no supervision	02	Other Independent	
01	Homeless - clients with no fixed address; includes homeless shelter	03	Homeless Shelter	
02	Dependent Living - clients living in a supervised setting	04	Institution	
02	Dependent Living - clients living in a supervised setting	05	Community Program	
02	Dependent Living - clients living in a supervised setting	06	Correctional Facility	
02	Dependent Living - clients living in a supervised setting	08	Foster Care	
02	Dependent Living - clients living in a supervised setting	09	Residential Care	
02	Dependent Living - clients living in a supervised setting	10	Crisis Residence	
02	Dependent Living - clients living in a supervised setting	11	Childrens Residential Treatment	
97	Unknown	99	Unknown	

Central Data Repository/CDR
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K = Key Field

Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	~	INCOME_SRC	
01	Wages/Salary	1	Wages/Salary	
02	Public Assistance	2	Public Assistance	
03	Retirement/Pension	3	Retirement/Pension	
04	Disability	4	Disability	
20	Other	7	Other	
97	Unknown	8	Unknown	
21	None	9	None	
10	Health Insurance	~	INSURAN_1	
01	Private Insurance (other than BCBS or HMO)	01	Private Insurance	
02	Blue Cross/Blue Shield	02	Blue Cross/Blue Shield	
03	Medicare	03	Medicare	
04	Medicaid	04	Medicaid	
06	Health Maintenance Organization (HMO)	05	Health Maintenance Organization (HMO)	
20	Other (e.g. TriCare)	97	Other (E.G. TriCare)	
97	Unknown	98	Unknown	
21	None	99	None	

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K = Key Field

Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~	PAYMENT	
01	Self-Pay	-		Non-Medicaid
02	Blue Cross/Blue Shield	-		Non-Medicaid
03	Medicare	-		Non-Medicaid
05	Other Government Payments	-		Non-Medicaid
05	Other Government Payments	-		Non-Medicaid
05	Other Government Payments	-		Non-Medicaid
07	Other Health Insurance Companies	-		Non-Medicaid
06	Worker's Compensation	-		Non-Medicaid
08	No Charge (Free, Charity, Special Research or Teaching)	-		None
09	Other	-		Both Medicaid & Non-Medicaid
97	Unknown	-		Not Reported/Unknown
04	Medicaid	-		Medicaid
05	Other Government Payments	-		Non-Medicaid

Crosswalk Report

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~	PAYMENT	
08	No Charge (Free, Charity, Special Research or Teaching)	01	None	
01	Self-Pay	02	Personal Resources	
05	Other Government Payments	03	Service Contract	
02	Blue Cross/Blue Shield	04	Blue Cross/Blue Shield	
05	Other Government Payments	05	TriCare	
07	Other Health Insurance Companies	06	Other Commercial Insurance	
03	Medicare	07	Medicare	
04	Medicaid	08	Medicaid	
05	Other Government Payments	09	VA	
06	Worker's Compensation	10	Worker's Comp	
05	Other Government Payments	11	Other public (government)	
05	Other Government Payments	12	CHIP (Children's Health Insurance Program)	
09	Other	97	Other Source of Payment	
97	Unknown	98	Unknown	

No longer effective as of: 06-21-2016

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Supplemental

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
12	Detailed Not in Labor Force	-	EMPLOYMENT/DIS_EMP	
06	Other	06	Unemployed - not seeking work	
01	Homemaker	07	Homemaker	
02	Student	08	Student under 17	
03	Retired	09	Retired	
04	Disabled	10	DIsabled	
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	11	Correctional inmate	
06	Other	97	Other	
97	Unknown	98	Unknown	
No longer effective as of: 06-21-2016				

12	Detailed Not in Labor Force	-	EMPLOYMENT/DIS_EMP	
96	Not Applicable	01-05	Employed statuses will be reported as 96 N/A	
01	Homemaker	07	Homemaker	
02	Student	08	Student under 17	
03	Retired	09	Retired	
04	Disabled	10	DIsabled	
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	11	Correctional inmate	
06	Other	97	Other	
97	Unknown	98	Unknown	

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Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	~	JUS_REFER	
01	State/Federal Court	01		State/Federal Court
02	Other Court (Not State or Federal)	02		Formal Adjudication Process
03	Probation/Parole	03		Probation/Parole
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	04		Other Recognized Legal Entity
05	Diversionsary Program (E.G. TASC)	05		Diversionsary Program
06	Prison	06		Prison
07	DUI/DWI	07		DUI/DWI
08	Other	97		Other
97	Unknown	98		Unknown
14	Marital Status	~	MARITAL	
04	Divorced	D		Divorced
02	Now Married (includes those living together as married)	M		Married
03	Separated (legally seperated or otherwise absent becasue of marital discord))	P		Separated
01	Never Married - includes clients who are single or whose	S		Single
97	Unknown	U		Unknown
05	Widowed	W		Widowed

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Supplemental

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
15	Days Waiting to Enter Treatment	~		DAYS_WAIT
000-996	Number of Days waiting	000-996		Days Waiting
997	Unknown	998		Unknown
16	Number of Arrests in the 30 Days Prior to Admission	~		ARRESTS/DIS_ARREST
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-96		Number of Arrests
97	Unknown	98		Unknown
17	Frequency of Attendance at Self-Help Programs in 30 days prior to Admission	-		Not Currently in Our System
18	Diagnostic Code Set	~		DCS_ID
1	DSM-IV	4		DSM-IV
4	DSM-V	5		DS-5 (ICD-9 code)
3	ICD-10	6		DSM-5 (ICD-10 code)
19	Diagnostic Code (ICD-10 Form)	~		DIAGNOSIS_1
xxx.xxxx	7 digit code	xxx.xxxx		xxx.xxxx

Central Data Repository/CDR
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K = Key Field

Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	-	RCD_TRANS	
	A Add	1	Add Admissions Records	
	A Add	2	Add Transfer Records	
	C Change	3	Change Record (correction)	
	C Change	4	Change Record (update)	
	D Delete	9	Delete	
2	State Code at Discharge	-	FIPS State Code	
	- State abbreviation according postal codes	-	MS	
3	Reporting Date at Discharge	-	Date Reported Submitted YYYYMMDD	
4	State Provider Identifier at Discharge	-	ORG_CODE 1-15 Characters	
5	Client Identifier at Discharge	-	STATE_ID	Client Id is assigned by each provider, once the client is submitted to the CDR we perform an algorithm to determine if the client has been submitted to the CDR before. If they have we apply the existing state id, if not we assign a new state id. Both IDs can be to 9 numbers. The state id number are generated by the CDR sequentially.
6	Co-Dependent/Collateral at Discharge	-	ADM_TYPE	- Same as admission file

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-	Services File	
-	Same as admission file			
8	Date of Last Contact or Data Update	*	SA_EXT_DATE YYYYMMDD	
9	Date of Discharge	*	SA_DIS_DATE YYYYMMDD	
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	*	SA_DIS_STAT	
05	Incarerated or released by or to courts	-	Not Collected in our System	
14	Transferred to Trtment Prog or Facil, but did not report	-	Not Collected in our System	
07	Other - includes aging out of MH childrens system, extended placement (condition	1	Evaluation Only	
01	Treatment Completed	2	Treatment Completed	
03	Ternimated by Facility	3	Therapist Terminated Treatment	
04	Transferred to Another Treatment Program or Facility	4	CLient Referred Elsewhere	
02	Dropped out of treatment (lost contact, Left Against Professional Advice	5	Client Terminated Treatment	
07	Other - includes aging out of MH childrens system, extended placement (condition	6	Client Moved from Region	
06	Death	7	Client deceased	
02	Dropped out of treatment (lost contact, Left Against Professional Advice	8	No Contact with Consumer within Specified Time Range	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	*	SA_DIS_STAT	
14	Transferred to Trtment Prog or Facil, but did not report	-		Not Collected in our System
05	Incarerated or released by or to courts	-		Not Collected in our System
07	Other - includes aging out of MH childrens system, extended placement (condition	1		Evaluation Only
01	Treatment Completed	2		Treatment Completed
03	Ternimated by Facility	3		Therapist Terminated Treatment
04	Transferred to Another Treatment Program or Facility	4		CLient Referred Elsewhere
02	Dropped out of treatment (lost contact, Left Against Professional Advice	5		Client Terminated Treatment
07	Other - includes aging out of MH childrens system, extended placement (condition	6		Client Moved from Region
06	Death	7		Client deceased
07	Other - includes aging out of MH childrens system, extended placement (condition	8		No Contact with Consumer within Specified Time Range
No longer effective as of: 06-21-2016				

11	Provider Identifier at Admission	-	ORG_CODE
1-15 Characters			

12	Client Identifier at Admission	-	STATE_ID
Client ID is assigned by each provider, once the client is submitted to the CDR we perform an algorithm to determine if the client has been submitted to the CDR before. If they have, we apply the existing state id, if not we assign a new state id. Both IDs can be to 9 numbers. The state id number are generated by tthe CDR sequentially.			

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Co-Dependent/Collateral at Admission	-	ADM_TYPE	
2	Client	1	Primary	
1	Codependent/collateral	2	Collateral	
2	Client	3	Unregistered	
14	Client Transaction Type (pulled from admission dataset)	-	RCD_TRANS	
A	Initial Admission (SA)	1	Add Admissions Records	
T	Transfer or change in service (SA)	2	Add Transfer Records	
15	Date of Admission (pulled from admission dataset)	-	ADM_TYPE	
		YYYYMMDD		

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-	Services File	
02	Detoxification , 24 hour service , Free-Standing Residential	-	Not an option in our system	
03	Rehabilitation/Residential - Hospital (other than Detoxification)	-	Not an option in our system	
01	Detoxification, 24-hour service - Hospital Inpatient	110	Crisis Stablization Services	
01	Detoxification, 24-hour service - Hospital Inpatient	111	Chemical dependency unit	
01	Detoxification, 24-hour service - Hospital Inpatient	112	(MICA)	
04	Rehabilitation/Residential - Short Term (30 days or fewer)	206	Primary Residential Treatment	
05	Rehabilitation/Residential - Long Term (more than 30 days)	207	Teansitional RESidential treatment	
07	Ambulatory - Non-Intensive Outpatient	309	Theraputic Day Treatment	
07	Ambulatory - Non-Intensive Outpatient	402	Family Therapy	
07	Ambulatory - Non-Intensive Outpatient	404	Evaluation Only	
07	Ambulatory - Non-Intensive Outpatient	406	Medication Evaluation & Monitoring	
07	Ambulatory - Non-Intensive Outpatient	415	Crisis Intervention	
07	Ambulatory - Non-Intensive Outpatient	416	Intake/Biopsycho-social Assesment	
07	Ambulatory - Non-Intensive Outpatient	417	Treatment Plan Review	
07	Ambulatory - Non-Intensive Outpatient	418	Multi-family Group Therapy	
06	Ambulatory - Intensive Outpatient	420	Intensive Outpatient (supercedes 405)	
07	Ambulatory - Non-Intensive Outpatient	424	Integrated Treatment for Co-Occuring Disorder	
07	Ambulatory - Non-Intensive Outpatient	426	Individual Therapy (supercedes 401)	

Crosswalk Report

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Discharge/NOMS

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-	Services File	
	07	Ambulatory - Non-Intensive Outpatient	427	Group Therapy (supercedes 403)
	07	Ambulatory - Non-Intensive Outpatient	428	Nursing Assessment (supercedes 407)
	07	Ambulatory - Non-Intensive Outpatient	501	Case Management
	07	Ambulatory - Non-Intensive Outpatient	502	Intensive Case Management
	07	Ambulatory - Non-Intensive Outpatient	503	Aftercare- substance abuse
	07	Ambulatory - Non-Intensive Outpatient	504	MIMS
	07	Ambulatory - Non-Intensive Outpatient	505	School Based Services
	07	Ambulatory - Non-Intensive Outpatient	506	Individual Therapy Support
	07	Ambulatory - Non-Intensive Outpatient	507	Case Management
	07	Ambulatory - Non-Intensive Outpatient	601	Emergency Services
	07	Ambulatory - Non-Intensive Outpatient	602	Mobile Crisis Services
	07	Ambulatory - Non-Intensive Outpatient	704	Alcohol & Drug Prevention
	07	Ambulatory - Non-Intensive Outpatient	804	Making a plan (MAP) Team Review meeting
No longer effective as of: 06-21-2016				

Central Data Repository/CDR
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K = Key Field

Discharge/NOMSMississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-	Services File	
02	Detoxification , 24 hour service , Free-Standing Residential	-	Not an option in our system	
03	Rehabilitation/Residential - Hospital (other than Detoxification)	-	Not an option in our system	
01	Detoxification, 24-hour service - Hospital Inpatient	110	Crisis Stablization Services	
01	Detoxification, 24-hour service - Hospital Inpatient	111	Chemical dependency unit	
01	Detoxification, 24-hour service - Hospital Inpatient	112	(MICA)	
01	Detoxification, 24-hour service - Hospital Inpatient	161	Community Hospital	
04	Rehabilitation/Residential - Short Term (30 days or fewer)	206	Primary Residential Treatment	
05	Rehabilitation/Residential - Long Term (more than 30 days)	207	Teansitional REsidential treatment	
07	Ambulatory - Non-Intensive Outpatient	309	Theraputic Day Treatment	
07	Ambulatory - Non-Intensive Outpatient	313	Acute Parial Hospitalization	
07	Ambulatory - Non-Intensive Outpatient	402	Family Therapy	
07	Ambulatory - Non-Intensive Outpatient	404	Evaluation Only	
07	Ambulatory - Non-Intensive Outpatient	406	Medication Evaluation & Monitoring	
07	Ambulatory - Non-Intensive Outpatient	416	Intake/Biopsycho-social Assesment	
07	Ambulatory - Non-Intensive Outpatient	417	Treatment Plan Review	
07	Ambulatory - Non-Intensive Outpatient	418	Multi-family Group Therapy	
07	Ambulatory - Non-Intensive Outpatient	419	Peer Support	
06	Ambulatory - Intensive Outpatient	420	Intensive Outpatient (supercedes 405)	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-	Services File	
07	Ambulatory - Non-Intensive Outpatient	424	Integrated Treatment for Co-Occuring Disorder	
07	Ambulatory - Non-Intensive Outpatient	426	Individual Therapy (supercedes 401)	
07	Ambulatory - Non-Intensive Outpatient	427	Group Therapy (supercedes 403)	
07	Ambulatory - Non-Intensive Outpatient	428	Nursing Assessment (supercedes 407)	
07	Ambulatory - Non-Intensive Outpatient	503	Aftercare- substance abuse	
07	Ambulatory - Non-Intensive Outpatient	509	Community Support Services	
07	Ambulatory - Non-Intensive Outpatient	510	Targeted Case Management	
07	Ambulatory - Non-Intensive Outpatient	602	Mobile Crisis Services	
07	Ambulatory - Non-Intensive Outpatient	603	Telephone Emergency/Crisis Response Service	
07	Ambulatory - Non-Intensive Outpatient	604	Walk-In Emergency/Crisis Response Service	
07	Ambulatory - Non-Intensive Outpatient	704	Alcohol & Drug Prevention	
07	Ambulatory - Non-Intensive Outpatient	706	DUI	
07	Ambulatory - Non-Intensive Outpatient	801	Staffing - No Treatment Plan Review	
07	Ambulatory - Non-Intensive Outpatient	802	No Shows/Cancellations	
07	Ambulatory - Non-Intensive Outpatient	809	Urine Drug Screens	
17	Date of Birth (pulled from admission dataset)	-	BIRTH_DATE	
YYYYMMDD				

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
18	Gender (pulled from admission dataset)	-	SEX	
2	Female	F		Female
1	Male	M		Male
7	Unknown	U		Unknown
19	Race (pulled from admission dataset)	-	RACE	
13	Asian	A		Asian
04	Black or African American	B		Black/African American
02	American Indian	I		American Indian
01	Alaskan Native (Aleut, Eskimo)	K		Alaskan Native (Aleut, Eskimo, Indian)
21	Two or more races	M		Multiple Races
20	Other single race	N/A		Not an option in our system
23	Native Hawaiian or other Pacific Islander	P		Native Hawaiian or other Pacific Islander
97	Unknown	U		Unknown
05	White	W		White/Caucasian
No longer effective as of: 06-21-2016				

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Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Race (pulled from admission dataset)	-	RACE	
13	Asian	A	Asian	
04	Black or African American	B	Black/African American	
02	American Indian	I	American Indian	
01	Alaskan Native (Aleut, Eskimo)	K	Alaskan Native (Aleut, Eskimo, Indian)	
21	Two or more races	M	Multiple Races	
20	Other single race	O	Other	
23	Native Hawaiian or other Pacific Islander	P	Native Hawaiian or other Pacific Islander	
97	Unknown	U	Unknown	
05	White	W	White/Caucasian	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
20	Ethnicity (pulled from admission dataset)	-	HISPANIC	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Specific Hispanic or Latino Origin	N	Not of Hispanic origin	
04	Other Specific Hispanic or Latino	N/A	Not an option in our system	
06	Hispanic or Latino - specific origin not specified	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
97	Unknown	U	Unknown	
No longer effective as of: 06-21-2016				

20	Ethnicity (pulled from admission dataset)	-	HISPANIC	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Specific Hispanic or Latino Origin	N	Not of Hispanic origin	
04	Other Specific Hispanic or Latino	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
06	Hispanic or Latino - specific origin not specified	U	Unknown	
97	Unknown	U	Unknown	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
01	None	01	None	
02	Alcohol	02	Alcohol	
03	Cocaine/Crack	03	Cocaine/Crack	
04	Marijuana/Hashish	04	Marijuana/Hashish	
05	Heroin	05	Heroin	
06	Non-Prescription Methadone	06	Non-perscription Methadone	
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics	
08	PCP- phencyclidine	08	PCP-phencyclidine	
09	Hallucinogens	09	Other Hallucinogens	
10	Methamphetamine/SPeed	10	Methamphetamine	
11	Other Amphetamines	11	Other Amphetamines	
12	Other Stimulants	12	Other Stimulants	
13	Benzodiazepines	13	Benzodiazepine	
14	Other Tranquilizer	14	Other non Benzodiazepine Tranquilizers	
15	Barbiturates	15	Barbiturates	
16	Other Sedatives or Hypontics	16	Other Sedatives or hyponotics	
17	Inhalants	17	Inhalants	
18	Over-The-Counter medicines	18	Over the counter	

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Discharge/NOMS

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
20	Other	20	Other Drugs	
97	Unknown	98	Unknown	
97	Unknown	99	Not Available	

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Discharge/NOMS

Mississippi

Item NoTreatment Episode Data Set		Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
01	None	01	None	
02	Alcohol	02	Alcohol	
03	Cocaine/Crack	03	Cocaine/Crack	
05	Heroin	05	Heroin	
06	Non-Prescription Methadone	06	Non-perscription Methadone	
07	Other Opiates and Synthetics	07	Other Opiates and Synthetics	
08	PCP- phencyclidine	08	PCP-phencyclidine	
09	Hallucinogens	09	Other Hallucinogens	
10	Methamphetamine/SPeed	10	Methamphetamine	
11	Other Amphetamines	11	Other Amphetamines	
12	Other Stimulants	12	Other Stimulants	
13	Benzodiazepines	13	Benzodiazepine	
14	Other Tranquilizer	14	Other non Benzodiazepine Tranquilizers	
15	Barbiturates	15	Barbiturates	
16	Other Sedatives or Hyponotics	16	Other Sedatives or hyponotics	
17	Inhalants	17	Inhalants	
18	Over-The-Counter medicines	18	Over the counter	
20	Other	97	Other	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	-	SUB_CODE_1, SUB_CODE_2,SUB_CODE_3/EXT_SUB_1,EXT_S UB_21,EXT_SUB_3	
97	Unknown	98	Unknown	
97	Unknown	99	Not Available	
No longer effective as of: 06-21-2016				

22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	-	FREQ_USE_1,FREQ_USE_2,FREQ_USE_3/EXIT _FREQ_1,EXIT_FREQ_2,EXIT_FREQ_3	
01	No Use in the Past Month	1	No use in past month	
02	1-3 Times in the Past Month	2	1-3 times in past month	
03	1-2 Times in the Past Week	3	1-2 times/wk past month	
04	3-6 Times in the Past Week	4	3-6 times/wk past month	
05	Daily	5	Daily past month	
05	Daily	6	2-3 times daily past month	
05	Daily	7	3+ times daily past month	
97	Unknown	8	Unknown	
96	Not Applicable	9	Not applicable	

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Discharge/NOMS

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
23	Living Arrangements at Discharge	~	RESID_ARR/DIS_RES	
03	Independent Living - clients living alone or with others but no supervision	01	Private Residence	
03	Independent Living - clients living alone or with others but no supervision	02	Other Independent	
01	Homeless - clients with no fixed address; includes homeless shelter	03	Homeless Shelter	
02	Dependent Living - clients living in a supervised setting	04	Institution	
02	Dependent Living - clients living in a supervised setting	05	Community Program	
02	Dependent Living - clients living in a supervised setting	06	Correctional Facility	
02	Dependent Living - clients living in a supervised setting	08	Foster Care	
02	Dependent Living - clients living in a supervised setting	09	Residential Care	
02	Dependent Living - clients living in a supervised setting	10	Crisis Residence	
02	Dependent Living - clients living in a supervised setting	11	Childrens Residential Treatment	
97	Unknown	99	Unknown	
No longer effective as of: 06-21-2016				

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Discharge/NOMS

Mississippi

Item No Treatment Episode Data Set		Item	Value	State System Data
23	Living Arrangements at Discharge	~	RESID_ARR/DIS_RES	
03	Independent Living - clients living alone or with others but no supervision	01	Private Residence	
03	Independent Living - clients living alone or with others but no supervision	02	Other Independent	
01	Homeless - clients with no fixed address; includes homeless shelter	03	Homeless Shelter	
02	Dependent Living - clients living in a supervised setting	04	Institution	
02	Dependent Living - clients living in a supervised setting	05	Community Program	
02	Dependent Living - clients living in a supervised setting	06	Correctional Facility	
97	Unknown	07	Other	
02	Dependent Living - clients living in a supervised setting	08	Foster Care	
02	Dependent Living - clients living in a supervised setting	09	Residential Care	
02	Dependent Living - clients living in a supervised setting	10	Crisis Residence	
02	Dependent Living - clients living in a supervised setting	11	Childrens Residential Treatment	
97	Unknown	99	Unknown	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
24	Employment at Discharge	-	EMPLOYMENT/DIS_EMP	
01	Full Time - works 35 or more hours a week- includes military	01	Employed full time - (35+ hrs week)	
02	Part Time - works less tahn 35 hours per week	02	Employed - part time	
01	Full Time - works 35 or more hours a week- includes military	03	Employed - active military duty	
02	Part Time - works less tahn 35 hours per week	04	Seasonal/migrant worker	
03	Unemployed - looking for work in past 30 days or on layoff from job	05	Unemployed - seeking work	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	06	Unemployed - not seeking work	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	07	Homemaker	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	08	Student under 17	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	09	Retired	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	10	DIsabled	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	11	Correctional inmate	
97	Unknown	97	Other	
98	Not Collected	98	Unknown	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
25	Detailed Not In Labor Force at Discharge	-	EMPLOYMENT/DIS_EMP	
06	Other	06	Unemployed - not seeking work	
01	Homemaker	07	Homemaker	
02	Student	08	Student under 17	
03	Retired	09	Retired	
04	Disabled	10	DIabled	
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	11	Correctional inmate	
06	Other	97	Other	
97	Unknown	98	Unknown	
26	Number of Arrests in 30 Days Prior to Discharge	~	ARRESTS/DIS_ARREST	
00-96	Number of Arrests	00	None	
00-96	Number of Arrests	01-96	Number of Arrests	
97	Unknown	98	Unknown	
27	Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge	-	Not Currently in Our System	

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Discharge/NOMS

Mississippi

Item No	Treatment Episode Data Set	Item	Value	State System Data
28	Client Transaction Type - Discharge	-	CLI_STATUS	
	D Discharge (SA)	09	Discharged	
	D Discharge (SA)	10	Discharged - outpatient commitment (SPHs)	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report